

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 29, 2007
Secretary of State

DOCUMENT# N96000002350

Entity Name: COMMUNITY FOUNDATION OF THE FLORIDA KEYS, INC.**Current Principal Place of Business:**300 SOUTHARD ST
SUITE 202-203
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 162
KEY WEST, FL 330410162 US**New Mailing Address:****FEI Number:** 65-0648968**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FREEMAN, SHIRLEY
724 EATON ST
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** SD () Delete
Name: COOKE, JOHN K
Address: 3420 NORTHSIDE DR.
City-St-Zip: KEY WEST, FL 33040**Title:** VTD () Delete
Name: SHELBY, KERRY
Address: 1611 VON PHISTER ST.
City-St-Zip: KEY WEST, FL 33040**Title:** VD () Delete
Name: DOMANSKI, KEN
Address: 760 WASHINGTON ST
City-St-Zip: KEY WEST, FL 33040**Title:** VD () Delete
Name: HELMERICH, MATTHEW
Address: 1800 ATLANTIC BLVD #441
City-St-Zip: KEY WEST, FL 33040**Title:** CD () Delete
Name: OVERBY, JEFF
Address: 1523 WASHINGTON ST
City-St-Zip: KEY WEST, FL 33040**Title:** VO () Delete
Name: SMITH, JIM
Address: 1448 KENNEDY DR.
City-St-Zip: KEY WEST, FL 33040**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** SD (X) Change () Addition
Name: BELLAND, CHRIS
Address: 201 FRONT ST.
City-St-Zip: KEY WEST, FL 33040**Title:** VTD (X) Change () Addition
Name: SHARP, KAREN
Address: P.O. BOX 420719
City-St-Zip: SUMMERLAND KEY, FL 33042**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: COOKE, JOHN K JR.
Address: 3420 NORTHSIDE DR.
City-St-Zip: KEY WEST, FL 33040**Title:** CD (X) Change () Addition
Name: MIANI, PHLLIP
Address: 1007 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNA SUTTON

PRES

06/29/2007

Electronic Signature of Signing Officer or Director_____
Date